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5601 GRANITE PLANO, TX 75	E PARKWAY, SU 024	ITE 750	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
				Katherine Yee		(Depositor's name)	
				Carrier yee		(Signature)	
				January 20, 2009)	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/919,247	07/31/2001	Bart [Daniel	4243-02300	2800	
TITLE OF INVENTION:							
BALING MACHINE	E WITH NARROW HE	EAD WIRE FE	EDER				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510		\$300	\$1810	01/20/2009	
EXAMINER		ART UNIT		CLASS-SUBCLASS	7		
SELF, SHELLEY M		3725		100-003000	_		
. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
	RESIDENCE DATA TO B an assignee is identified be a 37 CFR 3.11. Completion			T (print or type) bear on the patent. If an assign for filing an assignment.	nee is identified below, the	document has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
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				patent): 🗖 Individual 🗹 C	Corporation or other private g	roup entity Government	
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Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 501515 (enclose an extra copy of this form).				
	(from status indicated above					· ·	
-	MALL ENTITY status. See			cant is no longer claiming SMA			
The Director of the HSDTO	ic requested to annly the Ice	ie Ree and Publicat	ion Ree (if ar	ny) or to re-annly any previousl	ly paid issue fee to the applica	ation identified above	

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